ge,	1T-540	<u> </u>		I A DE					elec		ile onic	ally	!	V	
box.		LOUISIA			- 511	JEI			w w	w.r	e v e n	ue.	ouis	iana.	gov
ece- iiling, box.	Your first name		Init.	Last name			Suffix	→							our Social ecurity Nu
ent,	If joint return, spouse	e's name	Init.	Last name			Suffix	→							pouse's S ecurity Nu
dress	Present home addres	SS (number and street including	apartmen	I It number or rural rout	e)								TAN		
oox.	City, town, or APO				State	ZIP)	Yo			,		· /	ove in t deral re	
										li	f this is	an am	ended	return, m	ark this
		rint the appropriate numbe lust agree with your federa			6 EXEM	//PTIONS:	i			li	f an ex	tensior	is atta	ched, ma	ırk this l
		in box if single . in box if married filing	jointly	٧.	6A X	Yourself	·	65			Bli	ind			
		in box if married filing in box if head of hous						J old		L	_			Tota	al of
		in box if qualifying wid son is not your dependent, p	•	•	6B	Spouse		old	er		Bii	ind		6A &	6B L
	NDENTS - Print dep	pendent information below t the number from Fede	w. If y	ou have more t									n the	60	П
•	First Name	Last Name	141101	<u> </u>	curity Nu			ations			1			• (MM/DI	D/YYYY
						6D TO	TAL EX	EMPT	ONS -	– Tota	ıl of 6A	. 6B. a	nd 6C	6D	П
lf you ar	e not required to f		П		00									ne 16. (
FEDE	return, indicate	OSS INCOME - Print the a	mount f	rom vour] • <u> </u>	om Louisiana					· ·				
Federa Federa	al Form 1040EZ, Line al Form 1040, Line 37.	4, OR Federal Form 1040 If Louisiana Schedule E in the box showing Schedule	A, Line s used,	21, ÓR , print the	Sc	hedule E, ached		_	П	Г	_	_		_	7 [
your F	ederal Adjusted Gross	s Income is less than zero,	print "C	O."			. 7		Ш	,		ш	,		ا . لـ
r if your F	Federal Form 1040, So	chedule A, Line 29 is blar	ık.		•	ŕ	r		Н		-		_	1 G	7
amoun	nt of your federal itemiz	CTIONS – Leave blank if y ed deductions from Federa	al Form	1040, Schedule	A, Line 29.		8A	,	브	4	┥,	Н	+] . [0	0
		UCTION – Leave blank if y is: 1 or 3, print \$5,450; 2 o					8B		Ш		╛,	Ш		. 0	0
	SS EEDEDAL ITEMIZE	ED DEDUCTIONS - Subtra			and print		Г		П		7	П			7
		f you did not itemize					8C								
the res	sult here. Leave blank it XCESS FEDERAL ITE	EMIZED DEDUCTION – M	ultiply L	ine 8C by .65 and	d			_ <u>_</u> ,	Ħ	T	7	Ħ	T	ήŤ	១] [
the res 0 65% E print th FEDER	sult here. Leave blank if XCESS FEDERAL ITE ne result here. Round u RAL INCOME TAX - :	EMIZED DEDUCTION – M on to the nearest dollar. Lea See instructions, page 19.	ultiply L we blan	ine 8C by .65 and the street income tax ha	d emize s				Ħ	, [7	Ħ	, [Ï]].[
the res 65% E print th FEDER been c for Sch	sult here. Leave blank it XCESS FEDERAL ITE the result here. Round u RAL INCOME TAX — state decreased by a federal nedule H on page 25.	EMIZED DEDUCTION – M up to the nearest dollar. Lea See instructions, page 19. disaster credit allowed by	ultiply L ave blan If feder IRS, m	ine 8C by .65 and hi if you did not it ral income tax ha nark the box. See	d emize s instruction:					, [† 	Ħ	, _		
the res 5 65% E print th FEDEI been c for Sch 7 YOUR	sult here. Leave blank it XCESS FEDERAL ITE ne result here. Round u RAL INCOME TAX — S lecreased by a federal nedule H on page 25. LOUISIANA TAX TAE	EMIZED DEDUCTION – M on to the nearest dollar. Lea See instructions, page 19.	ultiply Lave blan If feder IRS, m	ine 8C by .65 and the figure 1 income tax hand the box. See	d emize s instruction: 	 S	8D			, [, _]].[



ЮИ	NREFUNDABLE TAX CREDITS Print your S	Social Security N	lumber. (Ш		
12A	FEDERAL CHILD CARE CREDIT - Print the amount from your 2008 Federal Form 1040 or 2008 Federal Form 1040, Line 48. This amount will be used to compute your 2008 Lo Child Care Credit.	ouisiana Nonrefundab		Π.	П	П.	00		
12B	2008 LOUISIANA NONREFUNDABLE CHILD CARE CREDIT – Your Federal Adjusted Gromust be GREATER THAN \$25,000 in order to claim a credit on this line. See Nonrefundable Child Care Credit Worksheet, page 28.	oss Income		. 12B	\Box ,		苴	. 0	00
	AMOUNT OF LOUISIANA NONREFUNDABLE CHILD CARE CREDIT CARRIED FORW 2004 THROUGH 2007 – See Nonrefundable Child Care Credit Worksheet, page 28. 2008 LOUISIANA NONREFUNDABLE SCHOOL READINESS CREDIT - Your Federal A			12C	\square ,	Д	Щ	. 0	00
120	be GREATER THAN \$25,000 in order to claim a credit on this line. See Nonrefundal		s Credit Worksh		Ц,	Щ	Ш	. 0	00
13	EDUCATION CREDIT- A credit of \$25 is available for each qualified dependent who attr from kindergarten through 12th grade for at least part of the year. Multiply the number of dependents by \$25 and print the result.	f qualified	<u></u>	. 13	<u> </u>	Щ		. 0	00
14	OTHER NONREFUNDABLE TAX CREDITS – From Schedule G, Line 11	14	Щ,	Щ.	<u> </u>	щ	Щ	. 0	0
15	TOTAL NONREFUNDABLE TAX CREDITS - Add Lines 12B through 14 and print the re-	sult 15	LL,	ш	Ш,	Ш	Ш	. 0	0
16	ADJUSTED LOUISIANA INCOME TAX - Subtract Line 15 from Line 11 and print the result. If you are not required to file a federal return, or if less than zero, print "0."	16			Π,			. 0	0
17	CONSUMER USE TAX You must mark one of these boxes. No use tax due. Tax Worksheet, pa	ige 20, Line 2.	<u> </u>	皿	\prod	Д	Щ	. 0	0
18 RFF	TOTAL INCOME TAX AND CONSUMER USE TAX - Add Lines 16 and 17 and print the FUNDABLE TAX CREDITS AND PAYMENTS	result 18	<u> </u>	Ш	 ,	Щ	Ш	. 0	0
19	2008 LOUISIANA REFUNDABLE CHILD CARE – Your Federal Adjusted Gross Incor THAN \$25,000 to claim the credit on this line. See Refundable Child Care Credit Wor pages 31 and 32.	rksheet and Instruction	ons,	. 19	\Box ,			. 0)0
	19A Print the qualified expense amount from the Refundable Child Care Credit Worksh	neet, page 31, Line 3	19A	\square ,	\Box	่ .	00		
20	19B Print the amount from the Refundable Child Care Credit Worksheet, page 31, Line 2008 LOUISIANA REFUNDABLE SCHOOL READINESS CREDIT - Your Federal Adjus		19B	Ц,	Ц.	<u>Ļ</u>	00		_
	must be EQUAL TO OR LESS THAN \$25,000 to claim the credit on this line. See Re Worksheet, page 33.			20	Ш,	Щ	Ш	. 0	00
21	Earned Income Credit - See Louisiana Earned Income Credit (LA EIC) Worksheet, page	34, Line 3			. 21			. 0	00
22	Louisiana Citizens Insurance Credit - From 2008 Louisiana Property Insurance Credit We	orksheet, page 34, L	ine 2	22	Ц,	Ш	Ш	. 0	00
23	Louisiana Property Insurance Credit - From 2008 Louisiana Property Insurance Credit W page 34, Line 5		<u></u> . ;	23	<u>Ц</u> ,	Щ	Щ	. 0	00
24	OTHER REFUNDABLE TAX CREDITS - From Schedule F, Line 7		24	Щ	Ц,	Щ	Щ	. 0	00
25	AMOUNT OF LOUISIANA TAX WITHHELD FOR 2008 - Attach W-2 Form(s)		25	井	Ц,	H	Щ	. 0	00
26	AMOUNT OF CREDIT CARRIED FORWARD FROM 2007		26 ,	Ш	Ш,	Ш	Ш	. 0	00
27	AMOUNT PAID ON YOUR BEHALF BY A COMPOSITE PARTNERSHIP FILING - See it Enter name of partnership.	instructions, page 20). 27 ,	\Box	\coprod	\Box		. 0	0
28	AMOUNT OF ESTIMATED PAYMENTS MADE FOR 2008		28 ,	Щ	Ц,	Щ	Щ	. 0	00
29	AMOUNT PAID WITH EXTENSION REQUEST		29	Ш	Ш,	Щ	Ш	. 0	0
30	TOTAL REFUNDABLE TAX CREDITS AND PAYMENTS - Add Lines 19, 20 through 29 and print the result. Do not include amounts on 19A and 19B.		30 ,		Π,			. 0	0
31	OVERPAYMENT – If Line 30 is equal to Line 18, print zero "0" on Lines 31 through 44 If Line 30 is greater than Line 18, subtract Line 18 from Line 30 and print the result here overpayment may be reduced by the Underpayment of Estimated Tax Penalty. If Liness than Line 18, print zero "0" on Lines 31 through 43 and go to Line 44.	and go to Line 45. • Your ne 30 is			,			. 0	0





COMPLETE AND SIGN RETURN ON NEXT PAGE.



		Print your Social S	Security No	umbe	r. (-							
32	UNDERPAYMENT PENALTY - See inst Form R-210R. If you are a farmer, see in	tructions for Underpayment Penalty, page 35 and nstructions on page 20 and check the box.		32	П	, [T	Τ	1.				00
33	ADJUSTED OVERPAYMENT - If Line 3 and print the result. If Line 32 is greater	11 is greater than Line 32, subtract Line 32 from Line 31 than Line 31, print zero "0" here, subtract Line 31 from L	_ine 32,	33	П		T	T	ĺ	П		П	00
Amo	ount of Line 33 you wish to donate			33		, ,			<u>, </u>	무	П		
34	•	See instructions, page 20.		3	34	Ц	Щ	, <u>L</u>	Ļ	부	ŀ	00	
35	The Start Program – See instructions, p	age 20		\$	35	Ш		, <u>L</u>	L	L		00	
36	Wildlife Habitat and Natural Heritage Tru	ust Fund – See instructions, page 20.		3	36	Ш		, <u>L</u>	L	L		00	
37	Louisiana Prostate Cancer Trust Fund -	- See instructions, page 20.			37			, <u>L</u>	L	L		00	
38	Louisiana Animal Welfare Commission -		38			, <u>L</u>		L		00			
39	Community - Based Primary Health Care	e Fund – See instructions, page 21.		3	39	Ц		<u>, L</u>	Ļ	┖		00	
40	Total Donations – Add Lines 34 through	39 and print the result.		40	Ш	,		<u>_</u>	,	Ш		Ш	. 00
41	SUBTOTAL – Subtract Line 40 from Line amount of overpayment is available for our control of the substance of	41		, [],				. 00		
42	AMOUNT TO BE CREDITED TO 2009 I that you wish to credit to 2009.	INCOME TAX – Print the amount of Line 41	CREDIT	42		,			,				00
43		ct Line 42 from Line 41 and print the result.	DEFUND	40								П	00
44	AMOUNT YOU OWE – If Line 18 is greated and print the result. If you entered an an	ater than Line 30, then subtract Line 30 from Line 18 mount as the result of underpayment penalty exceeding			Ħ	, l	Ť	Ť	, 	П		Ħ	00
45		ro "0" on Lines 46 through 49.		44	П	. Î	Ť	Ť	i.	Ħ		Ħ	00
46		ion Worksheet, page 35, Line 5		46	Ħ	<u>.</u>	Ť	Ť	1	Ħ		Ħ	00
47	DELINQUENT FILING PENALTY	ulation Worksheet, page 35, Line 7		47	Ħ		Ť	Ť	1	Ħ		Ħ	00
48	DELINQUENT PAYMENT PENALTY - F	From Delinquent Payment Penalty Calculation		48	Ħ	<u>.</u>	Ť	Ť	1	Ħ		Ħ	00
49	LINDERPAYMENT PENALTY - See inst	tructions for Underpayment Penalty, page 35 and nstructions on page 21 and check the box.		49	Ħ	<u>.</u> [Ť	Ť	1	П		Ħ	00
	Tomi 11-27011. Il you are a lamier, see il	instituctions on page 21 and offect the box		73	Ξ	, ,	_	÷	. ,	\equiv		_	
50	BALANCE DUE LOUISIANA - Add Lines For electronic payment options, see pag Make payment to: Louisiana Departme	ge 2 PAY THIS AMOU	JNT	50		, I	 O T	S E	J,	П	Λ ς		_ 00
	Mail to: PO Box 3550, Baton Rouge, LA	A 70821-3550.			DO	14	0 1	JL	IVL		7	,,,,	
info	rmation. If I made a contribution to the S	n, and to the best of my knowledge, it is true and TART Savings Program, I consent that my Social Secur	rity Number n	nay be	given	to th	e Loui	siana	Offic	e of S	Stude	ent Fir	
		START Savings Program account holder. If married filin r signature	Date										xpayer
char	irst 4 acters of last name	use's signature (If filing jointly, both must sign.)	Date	1	Геlерh	one n	umber	of pai	d pre	parer	Da	ate	
	ese boxes.						Socia						N, or
Aras	a code and daytime telephone numbe	Mail Balance Due Return wit TO: Department of Revenue		t		-		FEIN	ı ot p	ald p	orep	arer	, .
Alec	a code and daylime telephone numbe	P. O. Box 3550											
		Batori Houge, LA 70621-											
In	ndividual Income Tax Return	TO: Department of Revenue	ı ax Heturi	ns				NOT					
	Calendar year return due	P. O. Box 3440 Baton Rouge, LA 70821-	-3440					YOUF LESS				ETUR	N
	5/15/2009	FOR OFFICE USE ON											
		1011011010101	Extension	Г	Fi	ield						_	-
		 	claimed			ag							
		Routing code					V	VE	1	3	6	92	4

	ATTACH TO RETURN IF COMPLETED. Print your So	ocial Security Numl	ber. (
200	8 ADJUSTMENTS TO INCOME			LOUISIAN	A SCHE	DULE I
1	FEDERAL ADJUSTED GROSS INCOME – Print the amount from your Federal Form 10 OR Federal Form 1040A, Line 21, OR Federal Form 1040, Line 37. If less than zero, pri		П.	ПΠ.	ПТ	00
2	INTEREST INCOME AND DIVIDENDS FROM OTHER STATES AND THEIR POLITICA Print the amount of interest and dividend income not reported on your federal return that See instructions, page 21.	t is taxable to Louisiana.		iii,		. 00
2A	RECAPTURE OF START CONTRIBUTIONS – See instructions, page 21		2A	<u> </u>	Щ	. 00
3	TOTAL – Add Lines 1, 2, and 2A and print the result.	3			ш	00
	MPT INCOME – Print on Lines 4A through 4H the amount of exempted income include r description and associated code, along with the dollar amount. See <i>instructions b</i> .					
	EXEMPT INCOME DESCRIPTION	CODE		AMOU	JNT	
4A		E 4A				. 00
4B		E 4B	\Box			. 00
4C		E 40	. . ,		Ш	_ 00
4D		E 4D	, ,			. 00
4E		E 4E	. .	\Box ,		. 00
4F		E 4F	. □,	,	Ш	. 00
4G		E 4G	. <u> </u>	,		_ 00
4H		E4H	· 🔲 ,	<u> </u>		. 00
41	EXEMPT INCOME BEFORE APPLICABLE FEDERAL TAX — Add lines 4A through 4H a	and print here 4	· <u> </u>	<u> </u>	Ш	_ 00
4J	FEDERAL TAX APPLICABLE TO EXEMPT INCOME – Use Option 1 or Option 2, see in	structions, page 23. 4J	· 📙 ,	<u> </u>	Ш	_ 00
4K	EXEMPT INCOME – Subtract Line 4J from Line 4I and print the result.	4K	: <u> </u>	<u> </u>	Ш	_ 00
5A	LOUISIANA ADJUSTED GROSS INCOME BEFORE IRC 280(C) WAGE EXPENSE AD Subtract Line 4K from Line 3 and print the result.		<u> </u>	<u> </u>		. 00
5B	IRC 280(C) WAGE EXPENSE ADJUSTMENT — Print the amount of your IRC 280(C) was expense adjustment. Important! See instructions, page 23.		Ι,	<u> </u>		. 00
5C	LOUISIANA ADJUSTED GROSS INCOME – Subtract Line 5B from Line 5A. Print the re on Form IT-540, Line 7. Mark the box on Form IT-540, Line 7 indicating that Schedule E w		\prod ,	\Box ,		. 00

Do	escription	Code
Interest and Dividends on US Govern	ment Obligations	01E
Louisiana State Employees' Retireme	ent Benefits	00-
Taxpayer date retired:	Spouse date retired:	02E
Louisiana State Teachers' Retiremen	t Benefits	005
Taxpayer date retired:	Spouse date retired:	03E
Federal Retirement Benefits		04E
Taxpayer date retired:	_ Spouse date retired:	U4E
Other Retirement Benefits		
Provide name or statute:		05E
Taxpayer date retired:	Spouse date retired:	
Annual Retirement Income Exemption	for Taxpayers 65 or over	
Provide name of pension or annuity: _		06E

Description	Code
Taxable Amount of Social Security, see instructions, page 22.	07E
Native American Income, see instructions, page 22.	08E
START Savings Program Contribution, see instructions, page 22.	09E
Military Pay Exclusion, see instructions, page 22.	10E
Road Home, see instructions, page 22.	11E
Teacher Deduction, see instructions, page 22.	12E
Recreation Volunteer, see instructions, page 22.	13E
Volunteer Firefighter, see instructions, page 22.	14E
Voluntary Retrofit Residential Structure, see instructions, page 23	16E
Other, see instructions, page 23. Identify:	49E







	ATTACH TO RETURN IF COMPLETED.
~	/// /// Com 10 // Com 22 / Com

Print your Social Security Number.					

200	8 REFUNDABLE T	ΆΧ CR	FDITS	Í	,	, •		SCHEDU	LEE
				ing Laulai	and Humbing and Fishing Licenses	Coo instr	mustions name 00		
1			Military Servicemembers for obtaini	•	5		•		
1A	Yourself	e of Birth (i	MM/DD/YYYY)		iver's License number			State of issue _	
				or	State Identification			State of issue _	
1B	Spouse Date	of Birth (I	MM/DD/YYYY)	Dr	iver's License number			State of issue _	
				or	State Identification			State of issue _	
1C	Dependents: List depende	nt name(s).						
	Dependent name					•	MM/DD/YYYY)		
	Dependent name				Date	of Birth (N	MM/DD/YYYY)		
						•	MM/DD/YYYY)		
	Dependent name				Date	of Birth (N	/IM/DD/YYYY)		
1D	Print the total amount of fo	os paid fo	r Louisiana hunting and fishing lice	nege nur	phased for the listed individuals	1	ID I		00
				nises pun	chased for the listed individuals.		,	ш.	
AD	DITIONAL REFUND	DABLE	CREDITS						
Ente	er description and ass	ociated	code, along with the dollar	amoun	t. See instructions beginni	ng on p	age 23.		
CRE	DIT DESCRIPTION				CREDIT CODE		AMOUNT OF CR	EDIT CLAIMED	
					F	П.		ПП	00
2					2		7	##	` ;
3					L F 3	<u> </u>	<u> </u>	шш	. 00
					F				00
4					_ 4	!	,	##	- =
5					F 5	Ш,	111,	\mathbf{H}	00
5								$\overline{}$	00
6					_ F ₆	Ш,	<u> </u>	ш	. 00
						П			00
7	Total Refundable Tax Cre	edits - Add	Lines 1D, 2 through 6 and print he	ere and o	n Form IT-540, Line 24 7	 ,	,		_
	Description	Code	Description	Code	Description	Code	Desc	ription	Code
Inve	entory Tax	50F	Prison Industry Enhancement	55F	Historic Residential	60F	School Readine Directors and S	ess Child Care	66F
Ad	Valorem Natural Gas	51F	Urban Revitalization	56F	Angel Investor Musical and Theatrical	61F	School Readine	ss Business –	675
Ad '	Valorem Offshore Vessels	52F	Mentor-Protégé	57F	Productions	62F	Supported Child		67F
Sou	and Recording Investment	53F	Milk Producers	58F	Wind and Solar Energy Systems	64F	School Readines to Resource and	s Fees and Grants Referral Agencies	68F
Tele	ephone Company Property	54F	Technology Commercialization	59F	School Readiness Child Care Provider	65F	Other Refundab	ole Credit	80F
					Flovidei				
			VOCALE TAY DEDUCT					001150111	. – .
20(NODIFIED FEDE	:KAL II	NCOME TAX DEDUCTION	UN				SCHEDU	LEF
1	Print the amount of your fe	deral inco	me tax liability found on Federal Fo	orm 1040,					00
	Line 56. See instructions, p	page 25.			1	 ,		##	۲



2



Print the amount of federal disaster credits allowed by IRS. See instructions, page 25.

Add Lines 1 and 2 and print the result here and on Form IT-540, Line 9.



ATTACH TO RETURN IF COMPLETED.

2008 NONREFUNDABLE TAX CREDITS

Print your Social Security Number.		Ι				
			SC	HED	ULE	G
lete this part only if you paid uisiana. See instructions, page 25. tted with this schedule. 1). Round to the nearest dollar],].[00

9 10 11	TOTAL NONREFUNDABLE TAX CF				□ ,		,	_ 00
							,	_ 00
9								_
				9	\square ,		, 🖳	. 00
8				8	₩,		,	_ 00
7				7			7	╬╞
·								00
6				6	\square		$,\Box\Box$	00
5				5	\Box		,	_ 00
	CREDIT DESCRIPTION	N	CREDIT CODE			AMOUNT OF C	REDIT CLAIME	D
	DITIONAL NONREFUND ter credit description and assoc		the dollar amount o	of credit claimed. Pleas	se see ins	tructions be	ginning on p	age 25.
	4B Multiply Line 4A by 10% (.10).		hever is less. This cred	lit is limited to \$25			4B	
	TA Gee instructions, page 25.							00
4	CREDIT FOR CERTAIN FEDERAL 4A See instructions, page 25			4A	П.І	$\top \Box$.ПТ	00
	3B Multiply Line 3A by 40% (.40)	and print the result. Round t	o the nearest dollar.		3B		, 📖	. 00
	3A Print the value of computer or ot	ther technological equipment d	onated. Attach Form R-3	400. See instructions, page	25 3A	##	,	. 00
3	CREDIT FOR CONTRIBUTIONS T					2E	' 	00
	2E Multiply Line 2D by \$100 and	print the regult				2E	.ПТ	00
	2C Dependent ★			al number of qualifying indi edit is allowed per person.		. 📖		
	2B Spouse							
	Deaf 2A Yourself	limb incapacitated Blind						
-	Only one credit is allowed per perso							
	CREDIT FOR CERTAIN DISABILIT	TES - Mark an "X" in the app	ropriate box(es)				,	
2	Print the amount of the paid income	e tax liabilities to the other st	ale(s). Hound to the he	arest dollar				

Description	Code
Premium Tax	100
Commercial Fishing	105
Family Responsibility	110
Small Town Doctor/Dentist	115
Bone Marrow	120
Law Enforcement Ed.	125
First Time Drug Offenders	130
Bulletproof Vest	135
Nonviolent Offenders	140
Qualified Playgrounds	150
Debt Issuance	155

Description	Code
Donations of Materials, Equipment, Advisors, Instructors	175
Other	199
Atchafalaya Trace	200
Organ Donation	202
Household Expense for Physically and Mentally Incapable Persons	204
Vehicle Alternative Fuel	206
Previously Unemployed	208
Recycling Credit	210

Description	Code
Basic Skills Training	212
Dedicated Research	220
New Jobs Credit	224
Refunds by Utilities	226
Eligible Re-entrants	228
Neighborhood Assistance	230
Cane River Heritage	232
LA Community Economic Dev.	234
Apprenticeship	236
Motion Picture Investment	251
Research and Development	252
Historic Structures	253

Description	Code
Digital Interactive Media	254
Motion Picture Resident	256
Capital Company	257
LCDFI	258
New Markets	259
Brownfields Investor	260
Motion Picture Infrastructure	261
Other	299
Biomed/University Research	300
Tax Equalization	305
Manufacturing Establishments	310
Enterprise Zone	315
Other	399





